

RADIOACTIVE MATERIAL USAGE ABOARD A NOAA SHIP

NOAA SHIP	PROJECT TITLE	PROJECT START DATE	PROJECT END DATE
RADIOISOTOPE - ELEMENT and MASS NUMBER	RADIOISOTOPE - CHEMICAL or PHYSICAL FORM	LICENSE NUMBER	EXPIRATION DATE
NAME of AUTHORIZED USER	LABORATORY or INSTITUTION	E-MAIL ADDRESS	
NAME of CHIEF SCIENTIST	LABORATORY or INSTITUTION	E-MAIL ADDRESS	
RADIATION EQUIPMENT USED FOR SURVEYS, SPILLS, and WIPE TESTS			CALIBRATION DATE

Balance of Radioactive Material (please indicate units)

DATE	TIME	LOCATION AT TIME OF USAGE		AMOUNT OF RAM USED IN SCIENCE	AMOUNT OF RAM SPILLED/LOST*	AMOUNT OF RAM IN WASTE	REMAINING BALANCE OF RAM
		LATITUDE	LONGITUDE				
INITIAL AMOUNT OF RAM BROUGHT ONTO THE SHIP --->							
TOTAL AMOUNT OF RAM EXPENDED ABOARD THE SHIP --->							

Laboratory Wipe Test Results - Fill in data below or attach results from surveys, indicating date, location and reason for test. Tests shall be conducted pre-cruise, weekly, post-spill and post-cruise.

DATE	TIME	SURFACE or SPACE WIPED	REASON FOR TEST	HIGHEST READING	PASS or FAIL	INITIALS

***Explanation of any Spills or other Losses**

Submittal

AUTHORIZED USER (Signature)	DATE	CHIEF SCIENTIST (Signature)	DATE
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NOTE: Copies of this completed form shall be provided to the ship and the respective Marine Operations Center. Licensees must maintain records of receipt, use, transfer, and disposal (as waste) of all licensed materials.